## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8-16-08  Case #: 32143461  County: 100016	Address:	Bixler Kerdal	(a/Ce 14://2	Park
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)			
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Outbuilding Vehicle	Hotel/M Open – Other:	lotel No Structure	
Items Found: Location (bedroom, kitchen, oper	ı air, etc)			
(check all that apply)      Lithium/Ammonia Reaction(s):			2.5-5	- ·-
Red Phosphorous/Iodine Reaction(s):	_			
I l'ammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
[] Hydrochloric Acid Gas Generator(s):	<del></del>			
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)  Yes 2 (number present)  No  *Trycs, fax report to Child Protective Services	Ephedrin	e Information c/Pseudoephe crchant Tip		g Log
This report is to be faxed to the following as  Fire Department: Lendally // //  Health Department: LOD	<sub>Pax:</sub> 34	ocation: 7-7035 lo-6572		
Child Protection Service:		-		
For further information regarding this methamp	photamine laboratory, co	ontact S1740		

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.